

Application for Neighborhood Enterprise Zone Certificate

Issued under authority of P.A. 147 of 1992, as amended.

INSTRUCTIONS: Read this form before completing application. **This application must be filed prior to building permit issuance and start of construction. File initially one original and two copies of this form.** File all additional required attachments (**three complete sets**) when completed with the clerk of the local government unit.

To be Completed by Clerk of Local Government Unit	City or Township Name		Local Unit Code
	Signature		
Date Received		Address of Clerk	
		Application Number	State Tax Commission Use Only

Applicant, Do Not Write Above This Line. Begin Entries at 1 Below.

1. Applicant Name			
2. Location of Facility (No. and Street, City, State, ZIP)		3. County	School Code
4. Applicant's Mailing Address (No. and Street, City, State, ZIP)		5. School District	
6. Type of Approval Required <input type="checkbox"/> New Facility <input type="checkbox"/> Rehabilitation		7. How Many Years Approval Requested	
8. Is Building Owned or Rented by the Occupant? <input type="checkbox"/> Owned <input type="checkbox"/> Rented		9. Type of Property <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment - Number of Units <input type="checkbox"/> Condo	
10. Name of Governing Body That Established District		11. Name and Number Assigned to Neighborhood Enterprise Zone	
		12. Date District Established	
13. Was the Work Completed by <input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Other _____		14. Total Project Cost <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
		15. Investment Cost (Breakdown in #17) \$	
16. Timetable for Undertaking and Completing the Rehabilitation or Construction of the Facility			
17. Describe the General Nature and Extent of the Rehabilitation or New Construction to be Undertaken and Breakdown of Investment Cost (use attachments if necessary)			
18. Rehabilitation Applicants Only: Attach Assessor's Statement (See required attachment number 5 below)		18a. Taxable Value of Real Property \$	
19. Who should be contacted if more information is required to act on this application?	Name		
	Address (No. and Street, City, State, ZIP)		
	Title		Telephone Number

Required Attachments to Provide when Project is Complete:

1. Legal description of the real property with parcel code number of the property.
2. Proof of date of commencement of construction.
3. Certificate of occupancy.
4. Resolution approving the application.

IN ADDITION TO 1 - 4 SUBMIT 5 and 6 FOR REHABILITATION APPLICATIONS ONLY.

5. Statement by the assessor showing the taxable value of the rehabilitated facility not including the land, for the tax year immediately preceding the effective date of the rehabilitation.
6. Certification by the local building official, certifying that the building meets minimum building codes for the local unit. A rehabilitation certificate will not be issued until this certification is filed with the State of Michigan.

APPLICANT'S CERTIFICATION

The undersigned owner making this application certifies that, to the best of his/her knowledge, no information contained herein or in the attachments hereto is false in any way and that all are truly descriptive of the residential real property for which this application is being submitted.

It is further certified that the undersigned is familiar with the provision of P.A. 147 of 1992, being Sections 207.771 to 207.787, inclusive, of the Michigan Compiled Laws; and to the best of his/her knowledge and belief, he/she has complied or will comply with all of the requirements thereof which are necessary to the issuance of a Neighborhood Enterprise Zone Certificate.

Print Name of Owner	Title	
Signature		Date

LOCAL GOVERNMENT ACTION

<input type="checkbox"/> APPROVED FOR 12 YEARS	
Name of Local Government Unit	Date of Action on This Application

Attached hereto is a copy of the resolution showing the action taken by the above-named local government unit on this application.

Signature of Clerk	Date
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INSTRUCTIONS FOR THE LOCAL GOVERNMENT UNIT

The local government unit must act, by resolution, on this application no more than 60 days after receiving it. The clerk shall forward the exemption application to the State Tax Commission immediately.

If an applicant is a builder/developer of this facility, a certificate will not be issued until a single family owner/occupant files an application and the additional required attachments.

If you have any questions, call (517) 373-0675 or (517) 373-3302.

Submit Completed Forms to:
 Property Tax Division
 Michigan Department of Treasury
 P.O. Box 30471
 Lansing, Michigan 48909-7971